

## Wisconsin Nutrition and Physical Activity State Plan Implementing the Plan – Partner Involvement

Please copy and fax your endorsement of the Wisconsin Nutrition and Physical Activity State Plan to the Nutrition and Physical Activity Program at (608) 266-3125. Your endorsement may be publicly acknowledged on the Nutrition and Physical Activity Program website and in plan-related materials.

1. I am endorsing the *Wisconsin Nutrition and Physical Activity State Plan* as an:

☐ Individual

☐ Organization

2. My full name, or the name of my organization or group:

\_\_\_\_\_

3. The type of organization I represent (choose up to three):

☐

Coalition

☐

Community Group

☐

Food Service/Restaurant

☐

Health Plan/Insurer

☐

Professional Association

☐

Recreational/Sports Setting

☐

Resident

☐

School

☐

Worksite/Employer

☐

Communication/Media

☐

Faith Community

☐

Health Care Delivery

☐

Government Agency Non-Profit

☐

Public Health Department

☐

Research Institution

☐

Retail/Business Setting

☐

University

☐

Other \_\_\_\_\_

4. I will provide a link from my organization's website to the Wisconsin Nutrition and Physical Activity Program.

☐ Yes

☐ No

☐ Decision Pending

5. I/we can work on the following activities in the *Wisconsin Nutrition and Physical Activity State Plan* to help accomplish its goals: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. I would like to become a member of the Wisconsin Partnership for Activity and Nutrition

☐ Yes

☐ No

### Contact Information

Contact Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Position/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_